REPORT OF THE

COORDINATED VISION CARE STUDY GROUP

BACKGROUND

In May 1982, the Dispensing Opticians Association of British Columbia presented a brief to the Government of British Columbia requesting self-regulatory status. They requested statutory recognition that would allow them to establish and enforce minimum professional, educational and ethical standards, thereby protecting the public against incompetence the opticians are presently unable to control. Similar requests had been made by opticians since the early 1970's, and were partially responsible for the formation of the Vision Care Task Force in 1976.

The Task Force's mandate was to examine the entire vision care system in British Columbia and make recommendations for change which would provide better and more efficient care at the lowest cost. The Report of the Task Force was completed in 1977.

In early 1983, the Coordinated Vision Care Study Group was established, composed of representatives of the British Columbia Society of Eye Physicians and Surgeons (Drs. A.W. Pratt and D. Johnson), British Columbia Optometric Association (Drs. J.B. McRoberts, T. Adamack and B. Jackson), The Dispensing Opticians Association of British Columbia (Messrs. R. Hunkin, R. Stewart, and R. Dodds) and Ministry of Health.

The Study Group's mandate was to assess the recommendations of the Vision Care Task Force report and prepare recommendations for implementing the Report with the purpose of creating a coordinated vision care system for the Province.

It should be noted that during the period the Study Group met, three recommendations made by the 1977 Task Force were implemented. They resulted in:

(1) direct and reciprocal referrals of patients between optometrists and ophthalmologists,

(2) the payment of a specialist fee to ophthalmologists who attend patients referred by an optometrist, and

(3) the Code of Ethics for optometrists being amended to provide that an optometrist must refer, to a general practitioner or ophthalmologist, those patients in whom he suspects or detects any condition that is of a nature that demands such referral.

APPROACH

The principal approach taken in this report was to review the recommendations made in the Vision Care Task Force Report. Tables and figures in that Report were updated by the Health Manpower Research Unit in June 1983. The Minority Report of the British Columbia Medical Association, dated October 25, 1977, was also reviewed. A number of recommendations made in both reports were rejected by the Study Group (see Appendix A). However, Study Group discussions also resulted in additional recommendations being included in this report.

RECOMMENDATIONS

Recommendation 1

That the appropriate changes be made to existing legislation to allow an optometrist to work as an associate in an eye clinic facility or a private ophthalmologist's office without affecting that optometrist's right to work as an independent practitioner.

Recommendation 2

That in order to develop a coordinated eye care program for British Columbia, there be active cooperation between ophthalmology and optometry on an on-going basis and that both professions work together in order that optometry and ophthalmology function at their highest levels.

Recommendation 3

That the Minister of Health, in conjunction with the Dispensing Opticians Association of British Columbia, and after appropriate review by the College of Physicians and Surgeons of British Columbia, British Columbia Medical Association, and British Columbia Optometric Association, prepare and submit legislation respecting dispensing opticians to the Legislative Assembly of the Province.

Principles which should be incorporated in the legislation are:

(a) administration of the legislation by a Board composed of 5 members appointed by the Lieutenant Governor in Council. Not less than 3 members should be dispensing opticians, at least one of whom shall be a member of The Dispensing Optician's Association of British Columbia, and at least one member should be a lay person. The Board may make rules respecting the administration of the affairs of dispensing opticians and contact lens fitters, which rules are subject to the approval of the Lieutenant Governor in Council.

(b) restricting optical dispensing to those persons who are registered under the Act (i.e. exclusive right to practice), where:

"optical dispensing" means
(i) the supplying, selling, repairing or dispensing of optical appliances,
(ii) interpreting prescriptions from optometrists or ophthalmologists in respect of optical appliances or,
(iii) the fitting, adjusting and adapting of optical appliances to the human face and eyes, and

"optical appliances" means lenses, spectacles, eyeglasses, frames, or other prescribed devices, for the aid, prevention or correction of visual or ocular anomolies of human eyes but does not include contact lenses.

(c) Restricting the use of the title "dispensing optician" to those persons registered under the Act, prohibiting the use of any other title or initials, and providing for a sub-designation that must be used and may only be used, by contact lens fitters.

(d) restricting the registration of persons as dispensing opticians to those persons who have met the following entry to practice requirements:

(i) completed a course of study approved by the board,
(ii) passed an examination specified by the dispensing optician's board of examiners, and
(iii) paid the prescribed fee,
or
(iv) where the person has been actively involved in optical dispensing for 2 years prior to the legislation coming into force, upon compliance with subparagraphs (ii) and (iii) above.

(e) restricting the selling, dispensing or fitting of contact lenses to dispensing opticians designated as contact lens fitters.

(f) restricting the designation of dispensing opticians as contact lens fitters to those persons who have met the following requirements:

(i) current registration as a dispensing optician,
(ii) completed a course of study in contact lens fitting approved by the Minister of Education,
(iii) passed a written and practical examination specified by the contact lens fitter's board of examiners,
(iv) completed 100 hours of direct supervised training in contact lens fitting under a registered dispensing optician designated as a contact lens fitter, an optometrist or ophthalmologist, and

(v) paid the prescribed fee,

or

(vi) where the person has been actively fitting contact lenses for 3 years prior to the legislation coming into force, upon compliance with subparagraphs (iii) and (v) above within 2 years of the legislation coming into force.

(g) requiring annual renewal of the registration of dispensing opticians and those designated as contact lens fitters subject to meeting prescribed conditions. One of the conditions would be the requirement to complete, in the 2 years prior to the application for the renewal 12 hours of continuing education courses approved by the Board.

(h) providing that, where an application for renewal of registration is made more than 3 years after the expiration of a registration, the registration will not be renewed unless

(i) for a dispensing optician, any requirements set by the Board are met, and

(ii) for a dispensing optician designated as a contact lens fitter, the examinations specified by the contact lens fitter's board of examiners for initial registration are passed.

(i) appointing a registrar and establishing separate registers for dispensing opticians, dispensing opticians designated as contact lens fitters and students.

(j) the appointment, by the Lieutenant Governor in Council, of separate examining boards for dispensing opticians and dispensing opticians designated as contact lens fitters. The examining board for contact lens fitters should consist of 5 persons, including at least <u>two</u> dispensing opticians designated as contact lens fitters and a maximum of one ophthalmologist and optometrist.

(k) prohibiting optical dispensing and contact lens dispensing except in accordance with a written prescription that is made by an ophthalmologist or optometrist (See Appendix B for the information to be contained in a prescription and a suggested format). Any time limits specified in the prescription must be honoured, and no deviation from the prescription would be allowed unless the express consent of the prescriber was first obtained. If no time limits are specified, the prescription is valid for one year for optical appliances and 6 months for contact lenses.

The only exception to the requirement for a new prescription is:

(i) where an optical appliance is replaced with no deviation from the prescription. However, the dispensing optician must advise the patient to return to the prescriber for an eye examination if the prescription is over 2 years old.

(ii) where a contact lens is replaced with no deviation from the prescription within one year from the date of the prescription. After 1 year, a new prescription or the approval of the prescriber is required.

(l) contact lens dispensing would also be prohibited unless the prescription specifically state suitability for contact lenses, and the dispensing was under the supervision of the prescriber. Supervision means that the prescriber initiates the prescription, assesses the adequacy of the fit and assumes final responsibility for the evaluation of the contact lens patient.

(m) providing that contact lenses worn for extended wear (i.e. overnight) can only be dispensed under specific prescription and instruction of the prescriber.

(n) prohibiting the practice of optometry or medicine by opticians (i.e. dispensing opticians and dispensing opticians designated as contact lens fitters). This would include prohibiting the refraction, over-refraction, or testing of vision or acuities by any means, direct or indirect, for the purpose of modification of the prescription or a qualitative assessment of the health care or function of the eye.

Accordingly, the following would be allowed:

(i) use of acuity charts for the sole purpose of conducting a vision check,

(ii) slit lamp biomicroscopes so long as not used to assess the health care of the eye (may include fluorescein strip), and

(iii) making the necessary modifications for vertex power, and

(iv) where a keratometer reading is not provided in a prescription, measuring only the initial corneal radius of the eye for the purpose of fitting the contact lens.

(o) specifying the information and procedures which should be imparted by the dispensing optician who is designated as contact lens fitter to the patient during the fitting and delivery of the lens, which should include referring the patient back to the prescriber for evaluation and approval within one month from the date of initial delivery of the lens to the patient. After the expiry of the one month period, further modifications require the prescriber's approval.

(p) providing that the dispensing optician designated as a contact lens fitter must, within one month from the date of initial delivery of the lens to the patient, provide the prescriber with the following information:

(i) the initial keratometer readings (where they are not included in the prescription),
(ii) lens type and parameters,
(iii) solutions used by the patient, and
(iv) any other information requested by the prescriber.

(q) providing for a written double release system of patient advisement by the prescriber and the dispensing optician designated as a contact lens fitter. The recommended content of the releases are set out in Appendices B and C.

(r) specifying the factors which would result in the denial, suspension or revocation of a registration and providing for an appeal from these decisions.

(s) prohibiting an optician from paying or offering a rebate, discount or kickback to a prescriber.

(t) restricting price advertising respecting contact lenses by requiring full disclosure of price, type of lens and services included. In addition, any print advertising must include a statement to the effect that "As a health care device, contact lenses require health monitoring."

(u) providing penalties for violation of the Act as follows:

(i) $1000 maximum fine for a first offence,
(ii) $5000 maximum fine for all subsequent offences, and
(iii) cancellation of registration for a third offence.

(v) prohibiting use of the term "eye examinations arranged" in advertising or in a place where it is easily visible from outside an optician's premises.

(w) providing authority for the Lieutenant Governor in Council to make regulations, including regulations controlling the supervision of trainees and the duties which may be delegated to a trainee. This should include requiring an optician to be on the premises whenever a trainee is performing delegated duties.

Recommendation 4

That the approved course of study which must be completed as a prerequisite to registration as a dispensing optician or dispensing optician designated as a contact lens fitter be developed in concert with the Ministry of Education, and Ministry of Labour if appropriate.

Furthermore, that the "approved" course for dispensing opticians designated as contact lens fitters incorporate a comprehensive academic component, as well as clinical experience.

APPENDIX A

Recommendations rejected or considered irrelevant by the Vision Care Study Group:

1. That a vision care program incorporating a variety of models be established by the Government of the Province of British Columbia, taking into account the following principles:

   (a) The particular model should vary with the community or regional vision care manpower requirements.

   (b) In general, the emphasis should be placed upon providing care by mean of visiting vision care personnel at a central location in rural areas. Priorities should be given to areas with no regular eye care and which are located a minimum of forty miles from centres with eye care. The choice of location is affected by the surrounding catchment area.

   (c) Vision care services should be planned and organized by the Government with the cooperation of the four groups - physicians and/or ophthalmologists, optometrists, dispensing opticians, other related health personnel, and should be coordinated:

      (i) to visit communities regularly and usually for at least a three day period,
      (ii) to incorporate those physicians or optometrists who have already established satellite practices,
      (iii) with the screening activities and professional services in the community. For example, visits might be related with the school testing program.

   (d) Payment formulae of professionals and other personnel should take into account the existing average overheads in practitioners own offices. Possible formulae include payment of a sessional fee, salary, or contractual arrangements for the entire working and travel time used.

   (e) The communities should be responsible for housing and storing of equipment and the necessary publicity and advance appointment system. Much of this should be done through community public health units, other service organizations such as the Lions Club, and the C.N.I.B. might also become involved.
   (Recommendation 8 of the 1977 Vision Care Task Force Report)

2. That existing facilities, stenographic and support services used by hospitals, optometrists, physicians or clinics be used wherever possible by travelling clinics, and adequate compensation for their use be provided by the Government. (Recommendation 9 of the 1977 Vision Care Task Force Report)

3. That a basic chart be created upon which patient information can be recorded and kept in an official community facility such as the community hospital or health unit. (Recommendation 10 of the 1977 Vision Care Task Force Report)

4. That the planning and coordination of the vision care program be assigned to community health programs of the Ministry of Health. (Recommendation 11 of the 1977 Vision Care Task Force Report)

The above recommendations were felt to be irrelevant. The vision care program recommended by the Task Force should not be a government program but should be provided through cooperation by ophthalmologists, optometrists and opticians.

5. That the Government of British Columbia remain in consultation with the Ministers of Health and Education in the other western provinces and consider any proposal for cooperation in optometric education. This is in view of the opinion of the Task Force that the need for a separate school of optometry for British Columbia alone cannot be substantiated. (Recommendation 12 of the 1977 Vision Care Task Force Report)

6. That if and when optometric training facilities are necessary in British Columbia, it would be in the public interest that the training facilities be located at the British Columbia Institute of Technology with students making use of the clinical facilities in the University Department of Ophthalmology and affiliated hospitals in their training program. (1977 Minority Report of the British Columbia Medical Association)

It should be noted that although this issue was considered irrelevant at the present time, there was disagreement with respect to whether such a school should be affiliated with a university or an institute of technology.

7. That a College of Optometrists be established to replace the present board of examiners in optometry in British Columbia. The College would be composed of all members licensed to practice under the Optometrists Act and with a council made up of seven (7) members: five members of the College of Optometrists elected by the membership and two persons appointed by the Lieutenant Governor in Council. The Council will establish and regulate standards of knowledge and competency, standards of qualifications to practice, standards of professional conduct and will administer the Act.
(Recommendation 4 of the 1977 Vision Care Task Force Report)

8. That it would be in the public interest in a coordinated eye care program, due to the frequency of eye pathology, that ophthalmology be involved in the development of the role of optometry and opticianry and that there be adequate representation of ophthalmology on the legal governing boards of optometry and opticianry.
(1977 Minority Report of the British Columbia Medical Association)

Furthermore, that optometrists also be represented on the examining board of contact lens opticians and on the governing board of opticians.

9. That those who prescribe optical devices should not profit from the sale of optical devices.
(Recommendation 13 of the Vision Care Task Force Report)

APPENDIX B

(LETTERHEAD)

OPHTHALMIC LENS PRESCRIPTION

DATE _____

_____ _____

SURNAME GIVEN NAMES ADDRESS CITY POSTAL CODE

TEL. NO. _____

HOME BUSINESS

DATE										
	OD	SPHERE	CYLINDER	AXIS	PRISM	BASE	P_1	P_2	OPTICAL CENTRE THICKNESS	OPTICAL CENTRE DECENTRATION
D.V.	O.D.									
	O.S.									
N.V. ADD			TYPE	SEGMENT WIDTH	SEGMENT HEIGHT	INTERMEDIATE SEG. HEIGHT		SEGMENT DECENTRATION		OTHER SPEC.
	O.D.									
	O.S.									

OPTICAL GLASS ☐ TEMPERED OPTICAL GLASS ☐ PLASTIC LENSES ☐ CHEM HARDEN ☐

ABSORBTIVE LENSES _____ TYPE _____ DENSITY _____

INDUSTRIAL THICKNESS ☐

CVL FORM #

VALID TO

SPECIAL INSTRUCTIONS

MONOC P.D. O.D. _____ O.S. _____

P.D. _____ B.M

Contact Lenses

Keratometer (if provided) O.D.
O.S.

Solution Type

Contact Lens Type
Gas Permeable ☐
Daily Wear Soft ☐ Toric ☐
Daily-Extended Soft ☐
Extended Wear Soft ☐ Toric ☐

Contact Lens Specifications (if desired)

_____ Prescribing Doctor

Since contact lenses are a health-care device, I understand that I should return one month after receiving my contact lenses for corneal health assessment.

_____

Patient's Signature

APPENDIX C

TO BE USED BY A CONTACT LENS FITTER

I have received and understand the instructions given to me on the care, wearing schedule, and handling of my contact lenses with the following prescribed solutions:

soaking solution -

rinsing solution -

cleaning solution -

I confirm that I have been advised that the fitting procedure is complete and that I should return to my prescribing Doctor for corneal health assessment.

_____

Patient's Signature